

Name in Full

Certificate of Death

Margaret Sophia Carr.

Died at ^{Town} Clarksville^{County} Howard

MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
02	1	10	64	11	10		Ind	Housewife
Male		White		Married		Widow		Divorced
Female		Colored		Single		Widower		Number of children living

Husband of George H. Carr
 Wife
 Father's Name Denton Miller

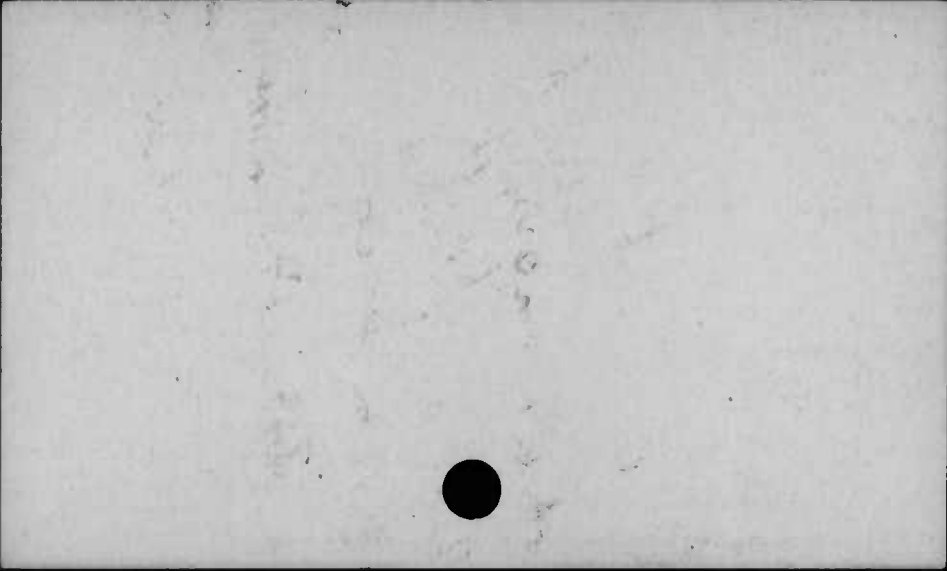
Mother's
 Maiden Name

Cause of	Primary ?	How long sick
Death	Immediate Marasmus	20 mos.
		Accident, Suicide, Homicide

Reported by H. H. Carr

Address Highland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Susan A Carter

Died at ^{Town} Ellicott City ^{County} Howard MARYLAND

Date ~~1902~~ 1902 Jan 4 Y. M. D. 11 16 Native of Maryland Occupation none

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cough

How long sick

Two weeks

Death

Immediate

Accident, Suicide, Homicide,

Reported by

Address

Milton H Easton

Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Died at		Town <i>Glenley</i>		County <i>Howard</i>		MARYLAND	
Date 189		Month <i>Jan</i>	Day <i>16</i>	Y. —	M. —	D. —	Native of —
Date 189		Age —		Occupation —			
Male		White		Married		Widow	
Female		Colored		Single		Divorced	
Husband of		Widower		Number of children living			
Wife							
Father's Name		<i>Thomas Iglehart</i>		Mother's Name		<i>Jessie May Crist</i>	
Cause of		Primary		Stillbirth		How long sick	
Death		Immediate		D		Accident, Suicide, Homicide	
Reported by		<i>L. G. Jennings MD</i>					
Address		<i>Frederick, Md</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Julia Johnson
 Died at *Ellicott City* Town *Howard* County MARYLAND
 Date *1902* *Jan* *17* Y. *58* M. *58* D. Native of *Maryland* Occupation *House Keeper*
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Deceased~~ Number of children living *4*

Husband of *—*Wife of *—*Father's *—*Name *—*

Mother's

Name

Cause of *Primary Pneumonia* How long sick *one week*
 Death *Immediate* Accident, Suicide, Homicide

Reported by

Address *1*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Earle Braunston Kelbough

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

Jan 24

Y.

M.

D.

Age

2 3

Native of

Maryland

Occupation

none

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Harry Kelbough

Mother's

Maiden Name

Fannie Worfield

How long sick

Cause of

Primary

acute enteric colitis

Death

Immediate

Chronic enteric colitis with deep ulceration of colon

~~Accident, Suicide, Homicide~~

Reported by

Arthur Williams

Address

Elk Ridge

Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Emeline Mercer

Town

County

Died at

Ellicott City

Howard

MARYLAND

Date

1902

Month

Day

Jan 30

Y.

M.

D.

79 8

Native of

Md

Occupation

Housewife

Date

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

6

Husband

of

Geo. W. Mercer

Wife

Father's

Name

William Thorn

Mother's

Name

Nancy Thorn

Cause of

Primary

Senile Decay

Death

Immediate

Heart Failure

How long sick

154
several months

Accident, Suicide, Homicide

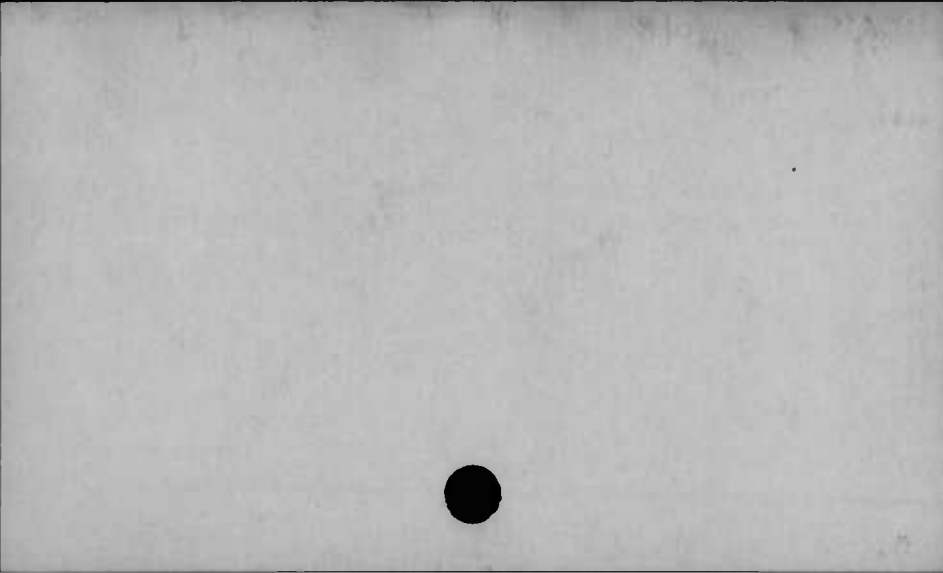
Reported by

William E. Hodges M.D.

Address

Ellicott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Henry Mercer
 near Lisbon Town County Howard
 Died at MARYLAND

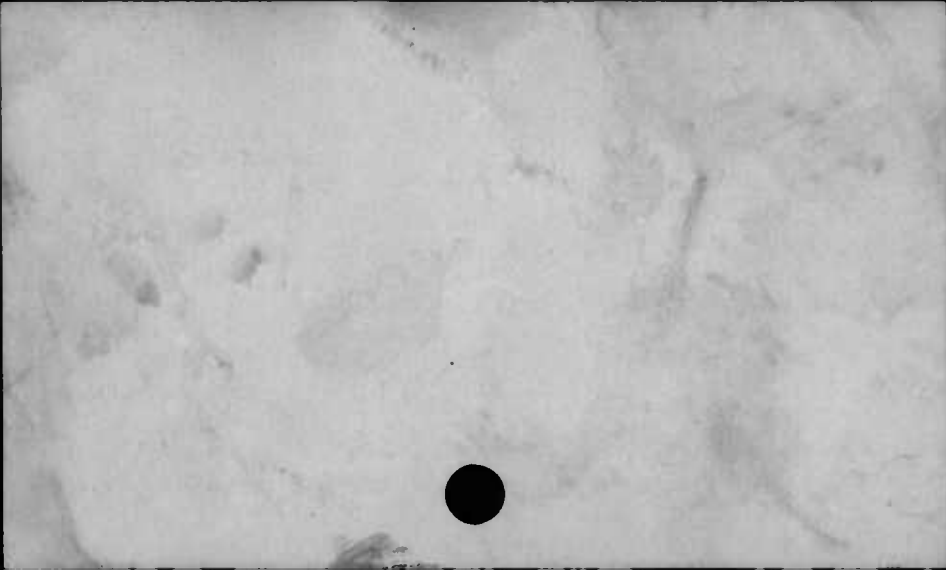
Date 1907 January 26
 Month Day Y. M. D. Native of Farmer
 Male White Married Widowed
 Female Colored Single Widower Number of children living One

Husband of Kate Mercer
 Father's Name John H. Mercer Mother's Maiden Name Agnes Warfield

Cause of Death Primary Pneumonia
 Immediate
 How long sick 10 days
 Accident, Suicide, Homicide

Reported by R. O. Warfield, M.D.
 Address Lisbon, Howard

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Catherine Millbrook

Died at ^{Town} Elbridge ^{County} ~~Baltimore~~ Howard MARYLAND

Date 19 ⁰² Jan. ² | Age 58 - | ^{Y.} ^{M.} ^{D.} ^{Native of} Germany ^{Occupation} H. work

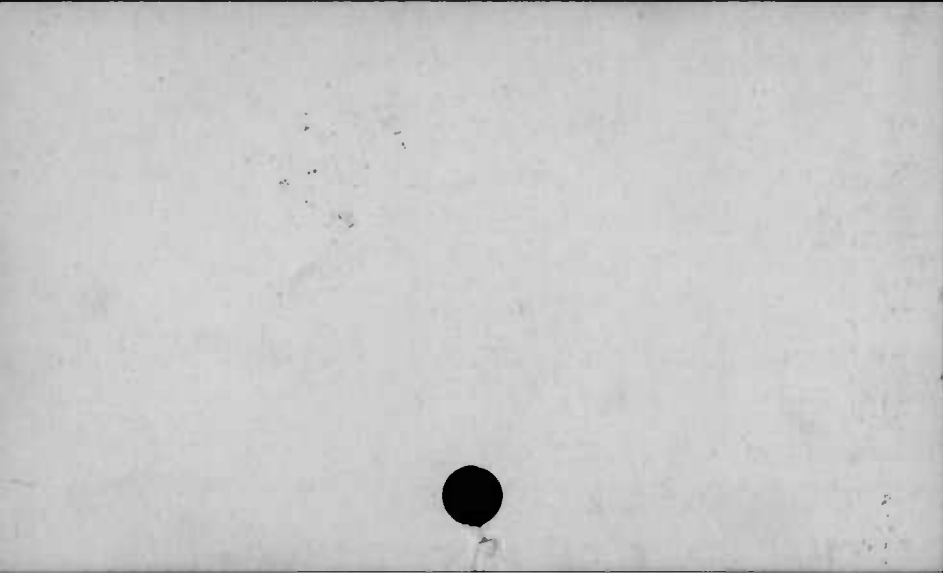
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living 1

~~Husband~~ of Cristian Millbrook
 Wife
 Father's Name John Dewald Mother's Name Barbara Dewald.
 Maiden Name

Cause of Death { Primary Cancer of the Breast. How long sick 13 months
 Immediate Exhaustion. Accident, Suicide, Homicide

Reported by Frank H. Ruhl M.D.
 Address Lansdowne Balt Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1892

Male

~~Female~~Husband
of
WifeFather's
Name

County

Y. M. D.

Native of

Occupation

MARYLAND

Age 60

~~Married~~~~Single~~~~Widow~~

Widower

Divorced

Number of children living 3 sons

Cause of

Primary

Paralysis

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

Name in Full

Loula Nicholson

Died at Coleridge ^{Town} Houder ^{County} Co.

MARYLAND

Date 19 Jan 1902 ^{Month} ^{Day} ^{Y.} ^{M.} ^{D.} Age 1 11 mo. ^{Native of} md ^{Occupation} child

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Disseased~~
Female Colored Single Widower Number of children living

Husband of Edwards Nicholson ^{Mother's} Mari. Amos
Wife of 105
Father's Name Edwards Nicholson Maiden Name Mari. Amos

Cause of Primary Enter. Colitis ^{How long sick} 10 days
Death Immediate Circulatory ^{Accident, Suicide, Homicide}

Reported by D. W. Ryerly m. a.
Address - Laurel md

Mus. 1 signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Paint issued

Jan. 19.02

(not recorded)

J.B.

Name In Full

Certificate of Death

W. S. Pennington

Died at *Mar Poplar Springs* Town *Howard* County *MARYLAND*

Date 19 *02* Month *Jan.* Day *7* Y. M. D. Age Native of Occupation

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name Maiden Name

Cause of Death { Primary *Exposure* Immediate *Congestion of lungs* How long sick *about 24 hours*

Accident, Suicide, Homicide

Reported by

Address

J. E. Brownwell M.D.

Wt. City *Carroll Co. Md.*



Mr Mary Runstone

Died at *Ellicott City* *Howard*
 Town County
 Month Day Y. M. D. Native of

MARYLAND

Date 19 *02* *1* *07* Age *91* Occupation *Housewife*
 Male ☒ White ☐ Married ☐ Widow ☐ Divorced ☐
 Female ☐ Colored ☒ Single ☐ Widower ☐ Number of children living *2*

Husband of *Fredrick Runstone*
 Wife
 Father's Name Mother's Name
 Maiden Name

Cause of Death { Primary *Old age* Immediate *Debility* } How long sick *154*
 Accident, Suicide, Homicide

Reported by *W. B. Strong*

Address *Ellicott City*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Supposed to be
 Cleveland Smith
 Town Sella County Harned
 Maryland
 Died at
 Date 1902 Jan 22 Age abt 50 years
 Male ~~Female~~ ~~Widow~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~ ~~Number of children living~~
 Husband of Not Known
 Wife Not Known
 Father's Name Not Known Mother's Name Not Known
 Cause of Death Primary Immediate Found dead
 How long sick
 Accident, Suicide, Homicide
 Reported by J. H. Drunkel Curran
 Address Ellicott City Maryland
 1



Name in Full

Certificate of Death

Died at

Date

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mary M L Washington

Town

County

Ellicott City

Howard

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Jan 31

Age 17

Maryland House Keeper

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Mother's

Name

George Washington

Mary Washington

Primary

Consumption

How long sick

two months

Immediate

Accident, Suicide, Homicide

Milton Easton

Ellicott City

Dr. Rodges Md

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Name in Full

Certificate of Death

Richard Young
 Died at *Neuroville* Town *Howard* County MARYLAND

Date 1902 Jan 5 | Month Jan | Day 5 | Y. 74 | M. — | D. — | Native of *Howard Co Md* | Occupation *Lab*
 Male ~~Female~~ | ~~White~~ | Married | ~~Widow~~ | Divorced | Number of children living *Five*
~~Colored~~ | ~~Single~~ | ~~Widower~~

Husband of

Josephine Young
 Father's Name — Mother's Name —
 Maiden Name —

Cause of Death { Primary *Brain affection* | How long sick *About 10 wks.*
 Immediate *No latter attendant* | Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

